

Best Available Copy

ISSUE CLIP STAPLE AREA (for additional cross references)

5c41/281  
(v)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	12m	EX1	10/30/00
RESPONSE FORMALITY REVIEW			12-04-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/3/93
2	✓	✓	4/1/93
3	✓	✓	4/1/93
4	✓	✓	4/1/93
5	✓	✓	4/1/93
6	✓	✓	4/1/93
7	✓	✓	4/1/93
8	✓	✓	4/1/93
9	✓	✓	4/1/93
10	✓	✓	4/1/93
11	✓	✓	4/1/93
12	✓	✓	4/1/93
13	✓	✓	4/1/93
14	✓	✓	4/1/93
15	✓	✓	4/1/93
16	✓	✓	4/1/93
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
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25	✓	✓	
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32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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